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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

hmgmu

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

hmgmu

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 10/03/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IN	<b>SHEETS</b>  <b>DRAWING</b> 6	<b>TOTAL</b>  <b>CLAIMS</b> 22	<b>INDEPENDENT</b>  <b>CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Stm. Wells</i>	Initials <i>gm</i>		

**ADDRESS**

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**TITLE**

Cargo support device

<b>FILING FEE</b>  <b>RECEIVED</b> 435	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees ( Filing ) <input checked="" type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input checked="" type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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